## Complete and Mail To: BORRELLI & ASSOCIATES, P.L.L.C.

Attn: MICHAEL WALKER and NATHANIEL WALKER, et al. v. INTERFAITH NUTRITION NETWORK, et al.

1010 Northern Boulevard, Suite 328 Great Neck, New York 11021

Tel: (516) 248-5550 Fax: (516) 248-6027

## **CONSENT TO JOIN COLLECTIVE ACTION**

I hereby consent to join the lawsuit, entit WALKER, on behalf of himself and all those sim NETWORK, et al., Docket No.: Standards Act, the New York State Labor Law Regulations.	brought pursuant to the Fair Labor
By signing below, I state that I am currently or was formerly employed by the defendants at some point during the previous six years. I was required to work for the defendants in excess of forty (40) hours per week without being properly compensated for all hours worked or for overtime or spread of hours compensation in accordance with state and federal law.	
I hereby designate Borrelli & Associates, PLLC ("Plaintiffs' Counsel") to represent me for all purposes of this action.	
I also designate MICHAEL WALKER and NATHANIEL WALKER, the class representative who brought the above-referenced lawsuit, as my agent to make decisions on my behalf concerning the litigation and the method and manner of conducting the litigation. I also state that I have entered into my own retainer agreement with Plaintiffs' Counsel or consent to the retainer agreement entered into by Messrs. WALKER concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.	
Date	Signature  Nathaniel Foeley Walker  Full Legal Name (Print)
Telephone Number	Street Address
$\mathcal{L}$	
Email Address	City, State, Zip Code

Dates of Employment with Defendants